		153 11
1. PLACE OF BIRTH	NA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	State File No
County Tila	State aryona	
District or Townslan	or Village	
No. St. Ward  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child. Donaciana Caballero  (If child is not yet named, make supplemental report, as directed.		
3. Sex of Child To be answered ONLY 4. Twi	in, triplet or other 0. Legitimate? 7. Dat	
8. FATHER	14. MO	OTHER .
Full name Bernardo Cahallera	Full maiden name Mac	edia Holguin
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)	obe and
If non-resident, give place and state. /	If non-resident, give place a	and state.
Mexican 11. Age at last birthday	22 / 1/2/ 20	Age at last birthday 24 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)	mexico
13. Occupation Nature of industry Lolbert	19. Occupation Nature of industry	useroje
20. Number of children of this mother (Jur.D.) (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living 21. W. (b) Born alive but now dead 4. (c) Stillborn.	ere precautions taken against oph- halmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was (Born alive or still person)  (Born alive or still person)		
* When there was no attending physician	(Born alive or stillleam)	rper
shows other evidence of life after birth.	Address Flow any	(Physician or midwife).
Given name added from a supplemental report	Filed 9/6 1924 F. E.	105 this has
Registrar	The state of the state of	Registrar
436-806-485		

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